

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31150

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>233</u>		PRIMARY REG. DIST. NO. <u>4348</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>		c. LENGTH OF STAY (in this place) <u>48 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>510 West Bates street</u>				d. STREET ADDRESS (If rural, give location) <u>510 West Bates Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u>		b. (Middle) <u>BURNS</u>		c. (Last) <u>CARPENTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 5 1876</u>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>74</u> <u>9</u> <u>21</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Dallis County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John S. Carpenter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Ritter</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Carpenter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>707-09-5174</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary E. Carpenter</u> ADDRESS <u>Wellsville</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
19a. DATE OF OPERATION <u>1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Prostate</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u> <u>✓</u> <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>2/10</u> , 19 <u>48</u> , to <u>9/26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/26</u> , 19 <u>50</u> , and that death occurred at <u>10:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. S. Romans Jr.</u>		23b. ADDRESS <u>Wellsville, Mo.</u>		23c. DATE SIGNED <u>9/28/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/28/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Com.</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville Montg. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9/28/50</u>		REGISTRAR'S SIGNATURE <u>W. S. Romans Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. Wells</u>		ADDRESS <u>Wellsville</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

700
1

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT - 3 1950

RECEIVED

OCT 24 1950

OCT 13 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, only

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 1588

P. O. Address Killedville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.